RI SOS Filing Number: 201860795190 Date: 3/23/2018 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

Annual Report for the year: 2018
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation			
93218	**West Friendship St. Realty Corp.**			
3. Principal Office Address		City	State	Zip
14 Garfield Street		**Cranston**	**RI**	**02920**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531110	**Acquisition, sale, listing, rental and management of real property.**			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Michael J. Sepe**			Vice-President Name **Valerie L. Martino-Sepe**		
Street Address **95 Massachusetts Street**			Street Address **95 Massachusetts Street**		
City **Cranston**	State **RI**	Zip **02920**	City **Cranston**	State **RI**	Zip **02920**
Secretary Name **Valerie L. Martino-Sepe**			Treasurer Name **Michael J. Sepe**		
Street Address **95 Massachusetts Street**			Street Address **95 Massachusetts Street**		
City **Cranston**	State **RI**	Zip **02920**	City **Cranston**	State **RI**	Zip **02920**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	**50**	**Common**	**No Par Value**
Changes require an additional filing.			

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative	Date
Michael J. Sepe, President	3/4/18

Signature of Authorized Representative: Michael J. Sepe, Pres — SIGN DOCUMENT HERE

FILED
MAR 23 2018
BY KL 327150

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017